



## Contextual Partnerships and Governance for Maternal and Infant Health Research in Myanmar

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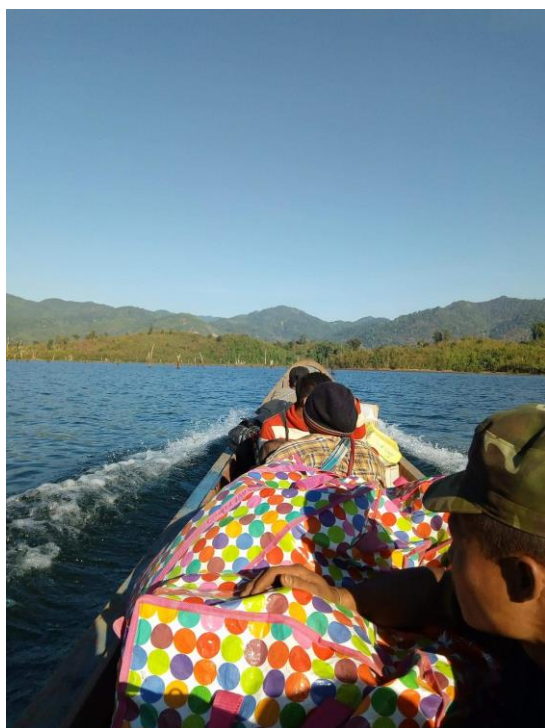
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# FINAL REPORT APRIL 2019

**Global Challenges Research Fund Project  
83275R**



## **Contextual Partnerships and Governance for Maternal and Infant Health Research in Myanmar**

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## Introduction

Maternal health has a significant impact on the health and well-being of families, communities and the wider society. Maternal death increases the risk of extreme poverty, poor education for family members, particularly girls, family breakdown, gender inequality and reduced access to socio-economic stability and growth (International Research Centre for Women 2014). Poor understanding of the interplay between the many antecedent factors, including socio-cultural, economic and logistical factors, combined with a critically poor health service delivery is a basic challenge in multiple low-income countries (Azuh et al, 2017). Understanding the context of research, the impact and risk of conflict and the current governance and political systems, particularly in transitional countries are crucial in building capacity and local partnerships in order to address these challenges (UNDP 2018).

Research from our recent GCRF Birth across the Borders pump priming project showed a critical lack of knowledge of maternal risk factors, a severe lack of antenatal education and significant gaps in service provision and economic resources (Kernohan et al 2018). The research showed that in remote areas women may travel between 1 – 3 days to access poorly resourced and understaffed rural clinics with limited emergency obstetric care available. These barriers are compounded by a high level of fear due to ethnic mistrust, causing women to stay within their communities rather than seek appropriate help when maternal and infant complications occur. This GCRF research highlighted the importance of the integration of health, culture and contextual factors and the value and need for education which all influence maternal health.

This project was designed to examine contextual partnerships and governance in preparation for a large scale maternal and infant health application to the Global Challenges Research Fund. The Hodges Health Career Model (see below) was implemented to guide this research to ensure a comprehensive understanding of the cultural and contextual influences on maternal and infant mortality (Hodges 1989, Jones 2017).

<p>Attitude and Aptitude</p> <p>Education</p> <p>Health Information</p> <p>Literacies</p> <p>Lifestyle choices</p> <p>Individual beliefs, attitudes</p> <p>Mental health</p> <p>Sense making</p> <p>Personal life history</p> <p>Personal change</p> <p>Psycho-</p>	<p>Study, Research</p> <p>Disease, Epidemics: e.g. Cholera, Ebola, Zika</p> <p>Morbidity</p> <p>Epidemiology – Demographics</p> <p>INDIVIDUAL - POPULATION</p> <p>Infrastructure: Water, Road, Rail, Telecoms</p> <p>Evidence-base - Measures</p> <p>Technology</p> <p>Research Dissemination</p> <p>Water, Food, Nutrition</p> <p>Climate Change</p> <p>Geo-</p>
<p>Social</p> <p>Culture, Ethnicity, Diversity</p> <p>Traditional (Health) Practices and Customs</p> <p>Social structures</p> <p>Languages</p> <p>Education</p> <p>Family, Community, Religious Beliefs</p> <p>Tolerance, Social Cohesion</p> <p>Social Capital</p>	<p>Political</p> <p>Sustainable Development Goals</p> <p>Economic Development, Employment</p> <p>Human Rights, Land Rights</p> <p>Government, Transparency</p> <p>Taxation, Funding</p> <p>World Health Organisation</p> <p>Population health - reports</p> <p>Conflict, Refugee Crises &amp; Migration</p> <p>Health policy</p> <p>Water as a resource:</p> <p>Agriculture, Food supply</p>

**Figure 1:** Hodges Health Career Model (Hodges 1989, Jones 2017) is proposed as a guiding framework to ensure comprehensive analysis of issues.

The two previous studies examined the psycho-social influences of health including traditional cultural beliefs and practices as well as the realities of maternal health in remote areas of Karen state, Myanmar. This study was framed within the geo-political domains of the Hodges model, particularly examining policies and governance related to maternal health in remote and post conflict areas. A review and documentation of all governance systems, peace agreements and devolved care has been completed. The results highlight the complexity of the current political situation and peace process and have informed the next stages of the project partnerships and planning. The following report is a summary of these findings.

## **Review of Governance Systems**

Myanmar is a multi-ethnic country with a complex history of inter-ethnic conflict and a long history of mistrust between groups. The last decade has seen significant political changes following the introduction of the Roadmap to Democracy in 2003 and the introduction of a National Constitution in 2008. However, within the political strategies there are two competing ideologies: the Union of Myanmar, initiated and promoted by the Myanmar government and a Federal state system, highlighted and endorsed within the current peace agreements between the ethnic groups and the government.

Much of the governance structures are based around a system of regions and states with ethnic governance and health organisations active within the primarily ethnic states, and the government authorities, which are active and primarily responsible for the central regions of Myanmar. These regions are then sub-divided into districts, towns (and townships), village tracts and finally villages (see mid-term report for more detailed explanation of this system).

The four regions identified for this research project are Kachin state, Shan state, Karen state and Central Myanmar. These states are all located within the borders of Eastern Myanmar and share similar histories of ethnic cultures. Within the current system some of these regions are under the jurisdiction of the Ministry of Health and Sport and some are under the responsibility of the ethnic health organisations (EHO's). The Myanmar Sustainable Development Plan (2016 -2030) addresses the complexity of the current geo-political situation and includes goals regarding peace and stability, partnerships and socio-economic development. The signing of the peace agreements between a number of key ethnic armed organisations and the Myanmar government in March 2015 offers a unique window of opportunity to work with and influence both policy and practice in some of the most vulnerable regions of Myanmar but on-going mistrust continues (South et al 2018). The two parallel governance and health systems and ideologies require a rebuilding of relationships and capacity after decades of conflict in order to reach a functioning healthcare system which is accessible for all groups. Currently there is continuing conflict in some areas of Kachin and Shan states.

There are many health system challenges to overcome in order to meet the health needs for both the general population and specifically mothers, families and remote communities. This includes the availability of human resources, physical infrastructure, supply chains and financial resources and the many factors behind these, especially the social determinants of health, which contribute to the present health circumstances (National Health Network 2016). While government spending has increased from 0.2% in 2009 to 1.18% in 2018 the health workforce remains over-burdened and below optimal capacity (Myanmar Health and Development Consortium 2018). As the government moves towards Universal Healthcare coverage wide geographical, ethnic and socio-economic disparities exist across the populations. Guiding principles within the government health reforms include equity, quality, efficiency, accountability, inclusiveness and sustainability (National Health

Network 2016). However, when placed within the ethnic peace process and competing ideologies this is not without its challenges. Education has the potential to be a key driver in sustainable change in Myanmar in order to address equity of care and access to high quality, evidence based maternal healthcare.

Yangon University of Nursing is one of three universities which offers a Bachelor of Nursing qualification. It also offers a Master of Nursing Science and Diploma in Speciality Nursing. In January 2019 a new bridging programme was introduced for nurses in rural areas to upgrade from a Diploma of Nursing to a degree through a distance learning course. This course was designed, written and translated by Professor Myat Thandar, Rector of the University. This was introduced in part to address the critical need for nurses, particularly in remote areas under the jurisdiction of the Nursing and Midwifery Council of Myanmar. Midwifery training schools also offer a diploma in midwifery as an eighteen-month course in Myanmar and with support from John Hopkins University work is being done to strengthen policies and regulatory guidelines with funding from the Three Millennium Development Goals Fund (Jhpiego 2019). There is now a focus on resourcing and training nurses and midwives for remote areas but language and cultural differences create significant barriers and there is still a significant gap in education and access to care for vulnerable remote communities, contributing to the high maternal mortality rates in Eastern Myanmar.

### **Identification and Procurement of Required Permissions**

Permissions and agreements for the large-scale research study are now in the final stages. A Memorandum of Understanding has been signed between Yangon University of Nursing and Chiang Mai University and a further Memorandum is in the final stages between Chiang Mai University and Ulster University with a further agreement to be organised between Ulster University and Yangon University during the progress of the project. Professor Myat Thandar, the Rector of Yangon University of Nursing has now agreed to partner with both research teams and facilitate further permissions for the project and ethical approval following the project funding submission. This will be done under the banner of Chiang Mai University and Yangon University of Nursing WHO Collaborating Centres in partnership with Ulster University. Ethical approval will also be sought from Ulster University's ethical committee as well as local permissions from village tract leaders and ethnic health organisations prior to the commencement of the project.

A second meeting was held in February 2019 with the Ministry of Human Resources for Health and the Director of Human Resources for Health, Director for International Relations, Deputy Director for Academic Affairs, Director of Nursing, Director of Midwifery and Nursing Education and other Department Heads. Permission from the Ministry of Health has been obtained and progress is continuing to engage the Ministry of Health. This process takes a considerable amount of time due to the application each time for permission to meet from the Ministry of Health. An initial risk assessment showed the political and contextual challenges in Myanmar offer a moderate to significant risk to the project. A full risk assessment will now be completed and submitted with the funding application. An ethical protocol is now being prepared in tandem with the funding application for submission in May. Chiang Mai University continues to provide a considerable amount of regional and cultural expertise in this process.

### **Key Partnerships**

Key partnerships with Partners Relief and Development, Earth Mission Asia Foundation, Karen Department of Health and Welfare and Chiang Mai University have continued to be strengthened. All the partners have facilitated the next stages of the project developments through consultation

and knowledge exchanges, as well as introductions to other International NGO's, particularly in Shan and Kachin state. A meeting was held with representatives from all the key organisations in Chiang Mai in February 2019 and agreements were made to pursue the next stages of the project and consolidate the relationships between the stakeholders. Additional meetings were held with the Karen Department of Health and Welfare.

A number of new key regional partnerships have also been established in preparation for the project and have joined the project (see table below).

**Table 1.** Showing the key partnerships by region, activity and partner details

<i>Region</i>	<i>Activity</i>	<i>Partners</i>
<i>Central Myanmar</i>	Data Collection, Analysis & Intervention	Yangon University of Nursing Department of Public Health Department of Child and Maternal Health
<i>Karen State</i>	Data Collection, Intervention	Karen Department of Health and Welfare Partners Relief and Development Earth Mission Asia Foundation Samaritans Purse
<i>Shan State</i>	Data Collection, Intervention	Partners Relief and Development Samaritans Purse Shan State Health Department (TBC)
<i>Kachin State</i>	Data collection, intervention	Partners Relief and Development Kachin Baptist Convention The Bridge (Community Development Organisation) CHAD (Community Health and Development)

Meetings were held with each of these stakeholders during site visits in February 2019 and agreements were reached.

Two advisory boards have also been agreed with co-investigators in the United Kingdom and South East Asia. These include specialists in health, conflict and international relations, motivational education, community development and public health, social work, quality assurance, medicine, behaviour change and humanitarian displaced migration. A project structure has been developed and will be implemented during the project to facilitate knowledge exchange, capacity building and monitoring and evaluation.

## **Birth across the Borders Global Challenges Research Education Application**

Following attendance at a UKRI and GCRF workshop at the University of Sussex in March 2019 a decision has now been made to apply to the Economic and Social Research Council call for Education as a Driver of Sustainable Development. This call is a collective programme which recognises the intersections of the sustainable development goals and is designed to address a number of them within development projects. It also highlights education as both a human right and a strategic tool to enable governments, policy makers and health and development organisations to bring increasing influence in social dynamics, security, governance, health and economics (UK Research and Innovation & Global Challenges Research Fund 2019). Although SDG 4: Quality Education is the overarching goal within our project to address maternal mortality additional SDG's include:

- SDG 1: No Poverty
- SDG 3: Good Health and Well-being
- SDG 5: Gender inequality
- SDG 8: Decent Work and Economic Growth
- SDG 10: Reduced Inequalities

A summary of the application includes:

**Research Question:** What impact do contextually adapted educational interventions have on maternal mortality in remote and conflict communities in Myanmar?

**Aim:** to identify and implement contextually adapted, community led education interventions to impact risk factors associated with maternal mortality in remote and post conflict communities of Myanmar

### **Overall Project Objectives**

- Explore and develop culturally relevant approaches to partnership at national, regional and community levels
- Analyse cultural and contextual influences in maternal mortality within ethnic groups in remote and post conflict regions
- Co-design and evaluate innovative educational initiatives to address development challenges with local and regional communities
- Development of a contextually adaptable maternal health education model

### **Methods**

As previously highlighted this study will be guided by the Hodges Health Career model adapted for Global Health (Hodges 1989, Jones 2017) and the Theory of Change (an integrated and solutions based approach recommended by the GCRF). A community based participatory action research model (Burns et al 2011) will be adapted to this research project in order to capture the full impact of maternal mortality within the current situation. This will allow the research to be community based, grounded in the needs, issues, concerns and strategies of communities. This fits well within community cultures in Asia and encourages capacity building and impact.

Data will be collected from 22 village tracts in four regions. A mixed method approach to data collection will be implemented to maximise the research opportunities and triangulate findings and three educational interventions will be designed following analysis of the findings.

## Outputs and Outcomes

Project management, data collection and the design of interventions will be completed through the development of four management and educational initiatives which will be culturally and contextually adapted for the remote and conflict settings. These are divided into four work packages.

### Work Package 1: Project Management and Implementation Strategy

### Work Package 2: Maternal Health Education Programme for Remote and Conflict Areas

### Work Package 3: Emergency Obstetric Care Education Programme

### Work Package 4: Social Enterprise and Capacity Building Initiative

#### Outputs

- 1) Critical factors impacting maternal mortality
- 2) Comprehensive understanding of culture and context
- 3) Integrated educational health framework to address maternal mortality

#### Outcomes

- 1) Key components to build research capacity within all stakeholders
- 2) Knowledge transfer and exchange with all stakeholders
- 3) Building capacity and capacity leading to improved community health and life opportunities

Preparations for the application are now underway. An Expression of Interest will be submitted by the 25<sup>th</sup> April and full submission will be made by the 5<sup>th</sup> June 2019.

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